

SRI LANKA INSTITUTE OF TOURISM & HOTEL MANAGEMENT

(A)COURSE

Indicate three preference as 1,2,3 & 4

<input checked="" type="checkbox"/> Parachute Rigger Course		
<input checked="" type="checkbox"/> Ground Agent Control Course		
<input checked="" type="checkbox"/> Water Craft Operator (Paddle Boat)		
<input checked="" type="checkbox"/> Water Craft Operator (Power Boat)		
<input checked="" type="checkbox"/> Hiking / Trekking Guide Course		

(B)COLLEGE

Indicate three preference as 1,2 & 3

<input checked="" type="checkbox"/> Colombo		
<input checked="" type="checkbox"/> Kandy		
<input checked="" type="checkbox"/> Bandarawela		

(C)PERSONAL DETAILS (IN CAPITAL LETTERS)

Full Name:

(As in NIC/Birth Certificate /Passport, to be filled in capital letters and underline the surname)

Permanent Address:

E-mail Address:

NIC No:		Tel. No.(Home)											
		Tel. No.(Mob)											
Date of Birth:		Gender:	Male										
Date	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												Female
Passport No : (Foreign Students Only)		Citizenship :	Sri Lankan										
			Others (Please Specify)										

(D)EDUCATIONAL QUALIFICATIONS

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Prepared & Reviewed By:	Assistant Registrar	Approved By:	Registrar
Doc No:	D	Date Issued:	
Revision No./Date:	2019-05-07	Page No:	Page 1 of 2

(E) ANY OTHER QUALIFICATIONS**(F) DECLARATION**

I declare that the particular above are true to the best of my knowledge. I understand that should I make a false declaration, I shall be liable for disqualification or if already admitted, for expulsion from the course of study.

.....
Date

.....
Signature of Applicant

<i>Prepared & Reviewed By:</i>	<i>Assistant Registrar</i>	<i>Approved By:</i>	<i>Registrar</i>
<i>Doc No:</i>	<i>D</i>	<i>Date Issued:</i>	
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